

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/1
O.I.P.E. CLASSIFIER			10-5-99
FORMALITY REVIEW	E.R.L.	70622	10-14-99 10-1-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	1-03/01
2	1-09/16
3	1-09/28
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25	↓↓
26	✓✓
27	NN
28	NN
29	✓✓
30	✓✓
31	✓✓
32	✓✓
33	✓✓
34	NN
35	NN
36	NN
37	NN
38	✓✓
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49	↓↓↓
50	✓✓✓

Claim	Date
1	03/01
2	09/01
3	09/03
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66	✓
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73	↓↓
74	✓✓
75	N
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86	
87	↓↓
88	—N
89	✓
90	✓
91	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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